MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0343 Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (In this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Bemper Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 13 Bemper Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) AINSWORTH

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 15-1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Handler

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Ainsworth

14. MOTHER'S MAIDEN NAME: Catherine Stogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Clara B. Ainsworth, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary occlusion - — Interval Between Onset and Death: One hour

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1951, to 1/12, 1951, that I last saw the deceased alive on 1/12, 1951, and that death occurred at 8 30 P. m., from the causes and on the date stated above.

SIGNATURE: S. Luther Bair (Degree or title) M.D. ADDRESS: Westminster Maryland DATE SIGNED: 1/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 15-51

NAME OF CEMETERY OR CREMATORY: Mt. Hope Mem.

LOCATION (City, town, or county) (State): Woodsboro, Md.

DATE REC'D BY LOCAL REG.: 1/17/51

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Powell & Hartzler

ADDRESS: Libertytown & Woodsboro, Md.


RECEIVED
JAN 17 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0344

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; LENGTH OF STAY (In this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MINNIE	BLANCHE	BAKER	Jan.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Single	Oct 21-1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	at home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Baker	Annie Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Geo. E. Stabler, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	
94a (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 25, 1951, to Jan 25, 1951, that I last saw the deceased alive on Jan 24, 1951, and that death occurred at 9.45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Rogg	md	Union Bridge Md	1-25-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 27 51	Pipe Creek Cem.	Uniontown Road	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/26/51	Leila B. Kopp	D. O. Hafner & Sons	Union Bridge & New Windsor Md.

20836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0345

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 7yrs.8mths 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Locust St.,

3. NAME OF DECEASED (Type or Print): (First) LEILA (Middle) VIRGINIA (Last) BALLARD

4. DATE OF DEATH: (Month) Jan., (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb., 7, 1919

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory

10b. KIND OF BUSINESS OR INDUSTRY: Crab pick

11. BIRTHPLACE (State or foreign country): Westover, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hewitt Ballard

14. MOTHER'S MAIDEN NAME: Anna Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-05-2576

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Feb.,1943

002x

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 24, 1943, to Jan., 19, 1951, that I last saw the deceased alive on Janu, 19, 1951, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lawn (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 1/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 22-51 | NAME OF CEMETERY OR CREMATORY: Branch Cem. | LOCATION (City, town, or county) (State): Marion Somerset Co Md

DATE REC'D BY LOCAL REG. 1/19/51 | REGISTRAR'S SIGNATURE: Albert R. Swarthmore Deputy Local | 24. FUNERAL DIRECTOR: Elias H Ward | ADDRESS: Marion Md

690407


RECEIVED
JAN 29 1951
BAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0346

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred: Springfield State Hospital

How long in hospital or institution? 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: (City) Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 806 South Dean Street

(If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME: Elizabeth Bienlein

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John Bienlein

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 5/3/1856

8. AGE: Years	Months	Days	If less than one day
94	8	5	hrs. min.

9. Birthplace: Baltimore, Md. (town, county, and state)

10. Usual occupation: Retired

11. Industry or business: House Work.

FATHER

12. Name: Jacob Prasch

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace: America

16. Informant: Son: Clement J. Bienlein

Address: 3112 Wilkens Ave. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 11 1951 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cemetery

Location: 4430 Belair Rd. Balto. Md.

18. Funeral director: Charles S. Zeiler

Address: 901 S. Conkling St. Balto. Md.

19. 1/10 19 51 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8 19 51, at 1 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/21 19 37 to Jan. 8 19 51 and that I last saw her alive on Jan. 8, 1951 19

Immediate cause of death: Arteriosclerotic Heart disease & aortic stenosis due to:

Pulmonary tuberculosis

Due to:

Due to:

Other conditions: Senile Psychosis, par. type

(Include pregnancy within 3 months of death)

DURATION	
	known
	since
	3/44

13b

Major findings of operations: Date of op.:

Autopsy results: as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Irving A. Mead M.D. (M. D. or other)

Address: Sykesville Md. Date signed: 1/8/51

0347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 25 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville-28
STREET ADDRESS (If rural, give location) 9 S. Beechwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Judson (Middle) Silas (Last) Blackman

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-10-1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent (rtd) [illegible] Asst.

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): [illegible] West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Silas R. Blackman

14. MOTHER'S MAIDEN NAME: Mary McGriffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 minits.

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia (left Side) due to cerebral thrombosis — 7 years

(c) General Arteriscleresis — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 26 months

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---- (CITY OR TOWN): -- (COUNTY): -- (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 12-29....., 1948., to 1-30....., 1951, that I last saw the deceased alive on 1-30....., 1951., and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin Gross, M.D. Martin Gross, M.D. Springfield St. Hospital, Sykesville, Md. January 30, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 2/2/51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Keyser, W. Va.

DATE REC'D BY LOCAL REG. 2/1/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Pickens & Sons: Pocatty Md.

290716

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 2 5 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Flohrville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flohrville
STREET ADDRESS (If rural, give location) Rural-- Sykesville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NELLIE	BEGONIA	BLIZZARD	Jan	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	9-5-1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	own home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Stocksdale	Maria Muscup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	W.W. Dulany, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis & hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Moore.	Deputy Medical Examiner	Westminster Md	2-2-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-5-1951	Mt. Pleasant	Carroll Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4 1951	A Fauncy Kerr	C. M. Waltz,	Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0349 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virgie (Middle) May (Last) Boyd

4. DATE OF DEATH: (Month) (Day) (Year) January 19, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Albert Biddinger

14. MOTHER'S MAIDEN NAME: Julia Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-8076

17. INFORMANT AND ADDRESS: Lewis S. Boyd, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days
491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Fractured hip	32 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonis Syndrome — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 1/19/....., 1951, that I last saw the deceased alive on 1/18/....., 1951, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

SIGNATURE: R. J. McVaugh (Degree or title) M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 1/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/ 8 21/ 51

NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG.: Jan 20, 1951

REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15

0350

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, New Windsor — LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Frederick Road)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, New Windsor
STREET ADDRESS (If rural, give location) (Liberty & Frederick Road)

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) — (Last) BROWN
4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored	single	Dec 25, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-pleasant		Mt Olive Carroll Co. Md.	U.S.A.

13. FATHER'S NAME: ? not known
14. MOTHER'S MAIDEN NAME: Tillie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Tucker, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x **Immediate cause** (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: —

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James I. Morrell — (Degree or title) Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: 1/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 17, 1951	Mt Olive Cemetery	Rural New Windsor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 17/1951	Emma S. Bennett	J. E. Myers	J. Westminster Md

720826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0351

Reg. Dist. No. 82

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy.
STREET ADDRESS (If rural, give location) Dorsey Ave.

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) E. (Last) BYERS

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-5-1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Retired

10b. KIND OF BUSINESS OR INDUSTRY: B.& O R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Byers

14. MOTHER'S MAIDEN NAME: Sidney Baust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Elsie Byers, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Several months

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.0
93d

(b) arteriosclerosis, generalized — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1950, to Jan. 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

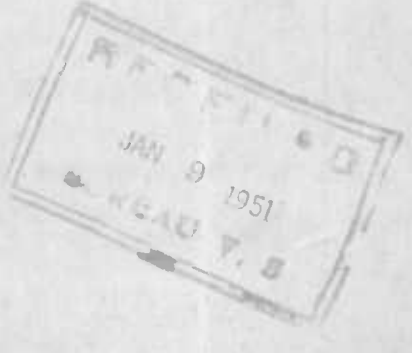
SIGNATURE: W.B. Culwell (Degree or title): M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: Jan. 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 1-7-1951 | NAME OF CEMETERY OR CREMATORY: Pine Grove | LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Jan 6-1951 | REGISTRAR'S SIGNATURE: Wm D Snyder

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

523506


JAN 9 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0352

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Nr Union Mills
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster R. D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Nr Union Mills
STREET ADDRESS (If rural, give location): Westminster R. D. 2

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) Henry (Last) Chevillar

4. DATE OF DEATH: (Month) 1/27/51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11/11/1926

9. AGE last birthday: 24 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Supplier

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory

11. BIRTHPLACE (State or foreign country): Klaine, Colorado.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Alfred Chevillar

14. MOTHER'S MAIDEN NAME: Agness Launay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 179-20-7638

17. INFORMANT AND ADDRESS: Alfred Chevillar, R.D.2 Westminster, Md. -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Lymphosarcoma Lungs with Metastases to Liver & Kidneys. — 200.1 — 472

(c): — 7 MOS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Jan 27, 1951, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 10:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Julius Chepko M.D. — ADDRESS: 58 W Main Westminster Md — DATE SIGNED: Jan 28, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/30/51 — NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co, Md

DATE REC'D BY LOCAL REG.: 1/28/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: F. M. Little & Son, Littlestown, Pa.
Per R. A Little 390 488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0353

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) New Windsor, Rural

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) JANE (Last) COPENHAVER
4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: June 22-1866
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): artist
10b. KIND OF BUSINESS OR INDUSTRY: teacher
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rev Christian Mutschler
14. MOTHER'S MAIDEN NAME: Lorenah Mutschler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: John B Copenhaver, New Windsor Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Gangrene foot

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Jan 28, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 1:30 p m., from the causes and on the date stated above.

SIGNATURE T. H. Legg M D (Degree or title) ADDRESS Union Bridge, Carroll Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 31-1951
NAME OF CEMETERY OR CREMATORY: Sandymount
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Jany 31/51
REGISTRAR'S SIGNATURE: Cecil E Benedict
24. FUNERAL DIRECTOR: D D Hartzler & Sons
ADDRESS: 004888 New Windsor & Union Bridge, Md


RECEIVED
FEB 6 1951
BUREAU T. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0354

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgan Station — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgan Station
STREET ADDRESS (If rural, give location) Rural-- Woodbine

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEANETTE	Elizabeth	DAVIS	Jan 22 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	single	7-7-1945	5 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Hazel Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Hazel Davis, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Fracture of Skull — Interval between onset and death:

910.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Morgan Sta	Carroll	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
1 22 51 1:30 p.m.		Struck in head by rock

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Mead	Deputy Medical Examiner	Westminster Md	1/22/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	1-24-1951	Mt. Olive	Carroll Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 24 1951	Edna M. Hewitt	C. M. Waltz,	Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0355

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 3mths 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy Rt. 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) EVANS (Last) DORSEY

4. DATE OF DEATH: (Month) Jan., (Day) 29, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 19, 1910

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Helper

10b. KIND OF BUSINESS OR INDUSTRY: Farm Helper

11. BIRTHPLACE (State or foreign country): York, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Dorsey

14. MOTHER'S MAIDEN NAME: Fannie Gassaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 211-05-2775

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	Mar., 1950
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct., 11, 1950, to Jan., 29, 1951, that I last saw the deceased alive on Jan., 29, 1951, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Maryland	1/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 1. 1951	Mt. Zion Cemetery	Carroll County Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/51	Albert R. Counihan	C. M. Walter	Winfield, Md.

Deputy Local

820 105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0350

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 1 mo. 20 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 804 N. Fulton Avenue

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) LEE (Last) FUNN

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 19, 1926

9. AGE last birthday: 24 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hochschild Kohn Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Funn

14. MOTHER'S MAIDEN NAME: Lucille Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-22-2010

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: May, 1949

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1950, to Jan. 5, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elmer P. Lann MD — ADDRESS: Henryton, Md. — DATE SIGNED: 1-5-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1/8/51 | NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem | LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG. 1-5-51 | REGISTRAR'S SIGNATURE: Albert C. Swarbaum Deputy Local | 24. FUNERAL DIRECTOR: Chas. O Wilson | ADDRESS: 1000 Brantley Ave. 370896

Item 1: CD card filmed 4-25-51 G 132 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0357

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY A. A. Co. Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Station — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY ~~A. A. Co.~~ Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Station
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES		GILLER	Jan.	18	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widowed	Aug. 24, 1857	93 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher-Retired	Meat	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Giller	Dorothy Stiniger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
None	None	A. A. Co. Md. Miss Marguerite D. Giller Millers Station

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

480 x — **Immediate cause** (a) Acute Broncho-pneumonia — 4 days

330 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/11, 19 51, to 1/18, 19 51, that I last saw the deceased alive on 1/18, 19 51, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Theodore Baer (Degree or title) ADDRESS Westminster, Maryland DATE SIGNED 1/18/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/22/51	Loudon Pk. Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-22-51	A. M. Fedrick	Wm. J. Tschner & Sons Inc.	Balto md

VS. A15

636358

Wm J Dickinson & Sons
North Penna. Ave.
Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0358

CERTIFICATE OF DEATH

Reg. Dist. No. 53

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH- COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) ELIZABETH (Last) GRIMM

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed.

8. DATE OF BIRTH: 4-4-1861

9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Gosnell

14. MOTHER'S MAIDEN NAME: Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Howard Bidinger, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) Pulmonary oedema	3 da
Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	8 yrs
	(c) Arterio-sclerolitc, Hypertensive desease	? yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 34, to Jan. 5, 19 51, that I last saw the deceased alive on Jan. 4, 19 51, and that death occurred at 6:30A; m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: 1/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 1-8-1951 NAME OF CEMETERY ~~OR CREMATORY~~: Morgan Chapel LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Jan 8 1951 REGISTRAR'S SIGNATURE: Lena M. Hewitt

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0359

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 3 yrs. 9 mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Cornelia (Middle) Anna (Last) Ham

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/24/68

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Phillip Lewish Ham

14. MOTHER'S MAIDEN NAME: Emma Hous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	10 years
	(c) Generalized arteriosclerosis	15 years

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/, 19 47, to 1/19/, 19 51, that I last saw the deceased alive on 1/19, 19 51, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. F. Maston MD

ADDRESS: Springfield State Hosp. Sykesville, Maryland

DATE SIGNED: 1/19/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 1-22-51 | NAME OF CEMETERY OR CREMATORY: Lorraine | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 1-20-51 | REGISTRAR'S SIGNATURE: C. Halfpenny

24. FUNERAL DIRECTOR: J. D. Mitchell & Son Gelb, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0360

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
STREET ADDRESS (If rural, give location) R. 1

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) Henry (Last) Hann
4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 2-1890
9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abram Jackson Hann
14. MOTHER'S MAIDEN NAME: Emma King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) W.W. I
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Charles E. Hann Finksburg R. 1. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis (Chronic decompensating) — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephritis - Chronic — 20 or 3 yrs
(c) Secondary anemia — "

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes - mellitus — 15 yrs

4/22.2
61
260+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-51, 19..., to 1-8-51, 19..., that I last saw the deceased alive on 1-4-51, 19..., and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E Sadtler M.D. Reisterstown, Md 1-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE: Jan. 11-1951
NAME OF CEMETERY OR CREMATORY: Lecture Cemetery
LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 1-9-51
REGISTRAR'S SIGNATURE: L. L. Woodward
24. FUNERAL DIRECTOR: H Bankard Box Westminster, Md.
ADDRESS

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0361

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton; LENGTH OF STAY (in this place): 8days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
   STREET ADDRESS (If rural, give location): 610 Gilbert St.,

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY (Last) HEARNS

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb.,?,1885

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Resturant

11. BIRTHPLACE (State or foreign country): Burkley, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hearns

14. MOTHER'S MAIDEN NAME: Letisha Billips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Feb., 1950

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 8, 1951, to Jan., 17, 1951, that I last saw the deceased alive on Jan., 17, 1951, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lawn (Degree or title): M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 1/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 1/21/51 NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/17/51 REGISTRAR'S SIGNATURE: Albert R. Swankhaus Deputy Local

24. FUNERAL DIRECTOR: Joseph A. Lively ADDRESS: 66 W. Baro St

780 849


RECEIVED
19 MAR 1961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0362 76
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 174 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 174 E. Main St.

3. NAME OF DECEASED (Type or Print): (First) IVAN (Middle) LEVI (Last) HOFF
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1951

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept 18, 73
9. AGE last birthday 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law
10b. KIND OF BUSINESS OR INDUSTRY private law business
11. BIRTHPLACE (State or foreign country) Melrose Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Hoff, Levi
14. MOTHER'S MAIDEN NAME Mary Blocher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Stanford Hoff Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular thrombosis.	14 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	40 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate — 5 years.

422.1
51b
177x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 20 Jan, 1951, that I last saw the deceased alive on 19 Jan, 1951, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. Allen Moulton M.D. Westminster Md. 1/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan 22, 1951
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster Md.

DATE RECD BY LOCAL REG. 1/20/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS J. E. Myers Jr. Westminster Md.

055879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0363

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY Carroll — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bark Hill — LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Bridge Rural	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Carroll CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bark Hill STREET ADDRESS (If rural, give location) Union Bridge Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FREDERICK	WILLIAM	HYDE	Jan	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	S	Aug 1 - 1950		6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto. city Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond N Hyde	Sherley O Dinterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	Raymond Hyde, Union Bridge Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia (Lobar) — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-29, 1951, to 1-29, 1951, that I last saw the deceased alive on 1-29-, 1951, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. C. Jennett MD	Westminster Md	1-30-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 1-1951	Pipe Creek	Uniontown Road Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 31, 1951	Isabel D Fisher	D D Hartzler & Sons	Union Bridge & New Windsor, Md

2-0-8-01-0-25-3-34-3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0364

Reg. Dist. No. 74 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE
LENGTH OF STAY (in this place): 4 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OLD WASHNGTON Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE
STREET ADDRESS (If rural, give location): BERRETT DIST. CARROLL CO.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	MARTIN	KEMP	JAN. 26 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W.	MARRIED	SEPT. 3, 1907	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SLATE ROOFER	ROOFING	FREDK. CO. Md	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES F. KEMP	ALICE SCHAFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	WORLD WAR II	218-01-3693	KATHERINE A. KEMP — WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Berrett	Carroll	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
1 26 51 — a.m. p.m.		

22. I hereby certify that I attended the deceased from 1/15, 1951, to 1/26 1951, that I last saw the deceased alive on 1/25, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. A. Barnes	MD	Sykesville	1/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/29/51	Lowder Park	Balt. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 27 1951	Watson A. Kelly Jr. Harry Ween	Walter Burke Bradley, Funeral Dir.	Dundalk

581246

0365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadow View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.F.D. # 4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lee	C.	Leister	Jan.	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Mar. 30, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent	Fire	Maryland Carroll Co.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob D. Leister	Annie E. Zepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Michael D. Leister, Hampstead, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Mitral Regurgitation	10 years
	(c) Chronic Hypocoridites.	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

410 x
108

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 6, 1951, to Jan 10th, 1951, that I last saw the deceased alive on Jan 10th, 1951, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE Reuben Barr (Degree or title) ADDRESS Westminster Md DATE SIGNED 1/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1951	Leisters Cemetery	nr. Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/11/51		John R. Byers	Westminster, Md.

VS. A15

450736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0366

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Westminster
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Westminster
STREET ADDRESS (If rural, give location): near Salem

3. NAME OF DECEASED (Type or Print): (First) MALINDA (Middle) (Last) LEVACY

4. DATE OF DEATH: (Month) Jan. (Day) 1, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	2-14-1854	96 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Virginia	U.S.

13. FATHER'S NAME: Daniel Hall

14. MOTHER'S MAIDEN NAME: Malinda Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Maggie Livesay, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

443x (b) Arterio sclerosis General

92d (c) Hypertension Valvular Insufficiency

Senility

INTERVAL BETWEEN ONSET AND DEATH: (a) Several yrs (b) Several yrs (c) 7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan. 1, 1951, that I last saw the deceased alive on Jan. 1, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wyllema Speicher M.D. — ADDRESS: Westminster Md. — DATE SIGNED: 1/1/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-4-1951	York	Lee Co. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1. 1951	E. M. Farver	C. M. Waltz,	Winfield, Md.


JAN 5 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0367

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster — LENGTH OF STAY (in this place) 86 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster
STREET ADDRESS (If rural, give location) Baltimore Blvd. RD#4

3. NAME OF DECEASED (Type or Print) (First) FANNIE (Middle) FRANCES ANN (Last) LOCKARD
4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1951

5. SEX f.
6. COLOR OR RACE w.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH April 2, 1864
9. AGE last birthday 86 yrs. If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Westminster, RD #4, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Lockard
14. MOTHER'S MAIDEN NAME Margaret Ann Turfle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mr. James A. Lockard, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of right femur — 18 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Extreme arteriosclerosis, brain & periphery — 2 or 3 years
(c)

903.0
186a

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) rural (COUNTY) Carroll Co, (STATE) Md.
TIME OF INJURY (Month) Jan (Day) 10 (Year) 1951 (Hour) 7 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell on cement porch at home

22. I hereby certify that I attended the deceased from June, 1949, to Jan 28, 1951, that I last saw the deceased alive on Jan 25, 1951, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE Reese Wilkens (Degree or title) — ADDRESS 7 Carroll St. Westminster, Md. — DATE SIGNED 1/29/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan 30. 51
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG. 1/29/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Myers Jr. — ADDRESS Westminster, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0368

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): 48 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 143 E. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 143 E. Green St.

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Jane (Last) Manahan

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-29-1852

9. AGE last birthday: 98 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Levi Manahan

14. MOTHER'S MAIDEN NAME: Eliza Jane Baile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No. (If year, give war or dates of service): None

17. INFORMANT AND ADDRESS: Miss Eddie B. Manahan Westminster Md 143 E. Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Chronic Myocarditis & — Interval Between Onset and Death: 4 years

422.1 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Senile Arteriosclerosis — 4 years

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Nephritis — 20 years

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1930, to 1/13, 1951, that I last saw the deceased alive on 1/6, 1951, and that death occurred at 5 a. m. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Westminster — DATE SIGNED: 1/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 15-1951 — NAME OF CEMETERY OR CREMATORY: Stone Chapel Cemetery — LOCATION (City, town, or county) (State): New Windsor, Md.

DATE REC'D BY LOCAL REG. 1/13/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: H Bankard Son, Westminster, Md.


JAN 16 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): 42 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 260 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 260 E. Main

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) M (Last) Mathias

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 24-1861

9. AGE last birthday: 89 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jeremiah Mathias

14. MOTHER'S MAIDEN NAME: Mary Lichty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Estella M. Starrer 260 E. Main Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Irregular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

610x

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Degeneration

(c) Cystitis, Prostatic Hypertrophy — Nov 1/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Prostatectomy — Dec 6/50

19a. DATE OF OPERATION: Dec 6

19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Jan. 2, 1951, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur Speicher — ADDRESS: Westminster Md — DATE SIGNED: 1/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 5-1951 — NAME OF CEMETERY OR CREMATORY: Trietsre Cemetery — LOCATION (City, town, or county) (State): Westminster R.F.D. Md.

DATE REC'D BY LOCAL REG.: 1/4/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: H. Bankard & Son Westminster, Md.

10005


RECEIVED
JAN 5 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0370

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville
LENGTH OF STAY (in this place): 1 yr 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2120 Southland Road

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) LENA (Last) McSHANE
4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 19 51

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6-20-82
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: Clerical
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolphus Standiford
14. MOTHER'S MAIDEN NAME: Sara Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Arteriosclerosis~~ Bronchopneumonia — Interval Between Onset and Death: 15 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease & decompensation — Indef.
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Intratrochanteric fracture right femur

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1949, to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951 and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry C. Mead M.D.
ADDRESS: Springfield State Hospital, Sykesville, Maryland
DATE SIGNED: 1-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-15-50
NAME OF CEMETERY OR CREMATORY: New Freedom
LOCATION (City, town, or county) (State): New Freedom Md. Pa.

DATE REC'D BY LOCAL REG.: Jan. 13, 1951
REGISTRAR'S SIGNATURE: Clara Keen
24. FUNERAL DIRECTOR: Earl L. Hess
ADDRESS: 3027 Arunah Ave.

390 647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03796

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER
STREET ADDRESS (If rural, give location) R.D. 4

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) AGNES (Last) MYERS

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: NOV. 7. 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: BENJAMIN YINGLING

14. MOTHER'S MAIDEN NAME: RACHAEL FLICKINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: J. THOMAS MYERS WESTMINSTER R. 2. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis (chr)

443x Antecedent cause(s)

(b) Myocarditis chr

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

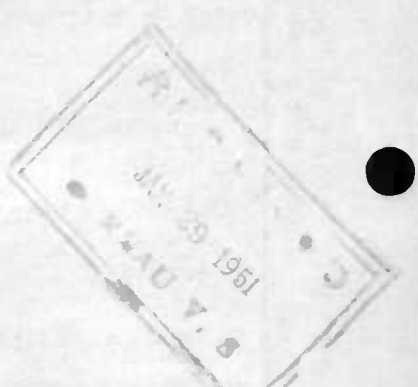
22. I hereby certify that I attended the deceased from Jan 13, 1951, to Jan 21, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 4a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jennette MD ADDRESS Westminster Md DATE SIGNED 1-22-51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE JAN 24-1951 | NAME OF CEMETERY OR CREMATORY PLEASANT VALLEY CEM. | LOCATION (City, town, or county) (State) WESTMINSTER, RD. MD.

DATE REC'D BY LOCAL REG. 1/23/51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H BANKARD & SON, WESTMINSTER, MD.


JAN 29 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0372

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Sykesville
LENGTH OF STAY (in this place): 7 mos. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Maryland
STREET ADDRESS (If rural, give location): 19 Summerville Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) THOMAS (Last) O'NEIL

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/21/99

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John O'Neil

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of: [illegible]

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute occlusion left anterior coronary artery with myocardial infarct	5 minutes
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional Psychosis, paranoid type — about 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1950, to 1/24, 19.51., that I last saw the deceased alive on 1/24, 19.51., and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry C. A. Read	M. D.	Sykesville, Maryland	1/24/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 27 1951	Zion Memorial	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS
Jan. 25, 1951	C. Harry Steer	Hafer Funeral Home Cumberland, Md.

202506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0373

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 28 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) SANDRA (Middle) LEE (Last) PHILLIPS

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Jan. 2 1951

9. AGE last birthday: yrs. 13; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hanover, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin L. Phillips

14. MOTHER'S MAIDEN NAME: Barbara Lee Brubaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Calvin L. Phillips, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) congenital malformation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

754.4 (b) ? heart

157.2 (c) unknown

INTERVAL BETWEEN ONSET AND DEATH: unk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13-50, 19..., to 1-15-50, 19..., that I last saw the deceased alive on 1-15-50, 19..., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: J. F. Billingslea (Degree or title) M.D. ADDRESS: Westminster, Md. DATE SIGNED: 1-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Jan 16 1951; NAME OF CEMETERY OR CREMATORY: Westminster Cemetery; LOCATION (City, town, or county): Westminster; (State): Md

DATE REC'D BY LOCAL REG. 1-15-51; REGISTRAR'S SIGNATURE: L. K. Woodward

24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster Md.

VS. A15

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0374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville; LENGTH OF STAY (in this place) 3 mos. 7 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy, RFD #5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) LUTHER	(Middle)	(Last) PICKETT	4. DATE OF DEATH	(Month) 1	(Day) 19	(Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	White	single	5/19/74	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming laborer	Agriculture	Howard County, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Pickett	Mary Frances Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
unknown		—	Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Chronic myocarditis with myocardial degeneration	indefinite
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis, simple deterioration	approx. 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1950, to 1/19, 1951, that I last saw the deceased alive on 1/19, 1951, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry C.A. Mead	M. D.	Sykesville, Maryland	1/19/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-22-1951	Family Burial Lot	Howard Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 21, 1951	C. Harry Keen	C. M. Waltz	Winfield, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 5½ mo.'s
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Howard (Last) Pippin

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/29/70

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Caroline Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Trustin Pippin

14. MOTHER'S MAIDEN NAME: Anna Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002x

Immediate cause (a) Pulmonary Tuberculosis — Indef.

13b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis; simple deterioration. — II

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1950, to Jan. 2, 1951, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Mead (Degree or title) — ADDRESS: C. D. Sykesville, Md. — DATE SIGNED: 1/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan 5 1951

NAME OF CEMETERY OR CREMATORY: Greensboro Md.

LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG.: Jan. 3, 1951

REGISTRAR'S SIGNATURE: C. Stacy Keen

24. FUNERAL DIRECTOR: J. Neal Moore + Son — ADDRESS: Denton Md.

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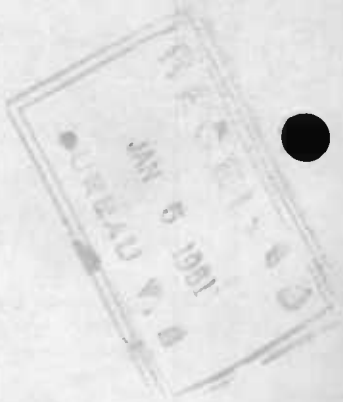
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JAN 5 1951
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0376

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
LENGTH OF STAY (In this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ella (Last) Pobletts

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 9, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Issac Simmons

14. MOTHER'S MAIDEN NAME: Mary Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Wm. Pobletts, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) BRONCHO-PNEUMONIA	7 DAYS
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 1950, to JAN. 12, 1951, that I last saw the deceased alive on JAN. 12, 1951, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel — (Degree or title): M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 1/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 15, 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Olive — LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 1-14-51 — REGISTRAR'S SIGNATURE: Mary B. Eline. L. K. Hardwood

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. — ADDRESS

0377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers
LENGTH OF STAY (in this place): 77
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Aaron (Middle) Israel (Last) Redding

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 2 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer County Roads

11. BIRTHPLACE (State or foreign country): Millers Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Agustus Redding

14. MOTHER'S MAIDEN NAME: Lydia H Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-07-9468

17. INFORMANT AND ADDRESS: Mrs Aaron Redding Millers, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 yrs
331X Antecedent cause(s)		
53a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Jan 16, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Hoard — (Degree or title): M. D. — ADDRESS: Manchester, Md — DATE SIGNED: 1/16/1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-18-51 — NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran — LOCATION (City, town, or county) (State): Manchester Maryland

DATE REC'D BY LOCAL REG.: Jan 18/51 — REGISTRAR'S SIGNATURE: Mrs. H. R. S. Denner

24. FUNERAL DIRECTOR: Jacob Winters Sons — ADDRESS: Manchester, Md.

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JAN 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0378

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) Route 1, c/o. Mussold ✓

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) Pearl (Last) RICKETTS
4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: May 9, 1915
9. AGE last birthday: 35 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sherman Gray
14. MOTHER'S MAIDEN NAME: Molly Whittington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 4 days

355 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Huntington's Chorea — 7 years

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with organic brain disease (Huntington's Chorea) —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17 ..., 19 50, to 1-10 ..., 19 51, that I last saw the deceased alive on 1-10-, 19 51, and that death occurred at 400 a. m., from the causes and on the date stated above.

SIGNATURE: Gertrud Sonnenfeld (Degree or title) M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 1-11-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan. 13, 1951 | NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery | LOCATION (City, town, or county) (State): Shepherdstown, W. Va.

DATE REC'D BY LOCAL REG.: Jan. 12, 1951 | REGISTRAR'S SIGNATURE: C. Harry Keen | 24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf, Williamsport, Md.

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RECEIVED
JAN 12 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

0379

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-30
STREET ADDRESS (If rural, give location) 704 S. Charles Street ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) ROBINSON

4. DATE OF DEATH: (Month) January (Day) 15, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: June 16, 1901

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Watkins & Brothers

11. BIRTHPLACE (State or foreign country): Cape Charles, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Robinson

14. MOTHER'S MAIDEN NAME: Elizabeth Suster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-01-2735

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Nov., 1944

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1950, to Jan. 15, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sam (Degree or title) M.D ADDRESS Henryton, Md. DATE SIGNED 1-15-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/18/51 | NAME OF CEMETERY OR CREMATORY Mt Calvary | LOCATION (City, town, or county) A.A. Co. (State) Md

DATE REC'D BY LOCAL REG. 1-15-51 | REGISTRAR'S SIGNATURE Albert R. Swankhaus Deputy Local | 24. FUNERAL DIRECTOR Sarah L Brown Son | ADDRESS 683 W Montgomery St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


JAN 19 1951

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0380

FILM No. G 130 JAN 29 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 81

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middleburg
   LENGTH OF STAY (in this place): 65 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E (Last) Sherman

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/30/1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. H. Sherman

14. MOTHER'S MAIDEN NAME: Ida Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-05-9840A

17. INFORMANT AND ADDRESS: Mrs. Chas. E. Sherman, Middleburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x **Immediate cause** (a) Cerebral hemorrhage (1/29/51 akc)

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1950, to Jan 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 12 30 P m, from the causes and on the date stated above.

SIGNATURE: J. N. Legg M.D. (Degree or title) — ADDRESS: Union Bridge Carroll Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Jan. 23, 1951 — NAME OF CEMETERY OR CREMATORY: Middleburg — LOCATION (City, town, or county) (State): Middleburg Md.

DATE REC'D BY LOCAL REG.: Jan 24 1951 — REGISTRAR'S SIGNATURE: Leslie L. Repp

24. FUNERAL DIRECTOR: E. O. FUSS & SON — ADDRESS: Taneytown, Md.

820 105


RECEIVED
JAN 25 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0381 76

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
STREET ADDRESS (If rural, give location): Deer Park Road

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) A. (Last) Shoemaker

4. DATE OF DEATH: (Month) Jan. (Day) 25, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Winfield C. Lockard

14. MOTHER'S MAIDEN NAME: Mary N. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elmer Shoemaker, Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x
462

Immediate cause (a) Carcinoma of colon — Interval between onset and death: about 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) with metastasis to liver
(c) cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-50, 19..., to 1-25-, 1951, that I last saw the deceased alive on 1-23-, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: Sam D. Sadtler (Degree or title) M.D. ADDRESS: Reisterstown Md DATE SIGNED: 1-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 27, 1951

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 1-26-51

REGISTRAR'S SIGNATURE: Dan'l S. Kline
Mrs. L. K. Woodward

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. ADDRESS:

0382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frizelburg
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frizelburg
STREET ADDRESS (If rural, give location) Westminster R.D. 7

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Streig

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1951

5. SEX m

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH 11/9/1863

9. AGE last birthday 87 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY own farm

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Streig

14. MOTHER'S MAIDEN NAME Susan Copenhaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Joseph E. Streig Westminster R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between onset and death
443x Immediate cause (a)	Myocarditis (chr)	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 a) (b)	Nephritis (chr) Hypertension	2 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Jan 1, 1951, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jennuth(?) M.D. ADDRESS Westminster Md. DATE SIGNED —

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 4 1951 NAME OF CEMETERY OR CREMATORY Pleasant Valley LOCATION (City, town, or county) Pleasant Valley (State) Md

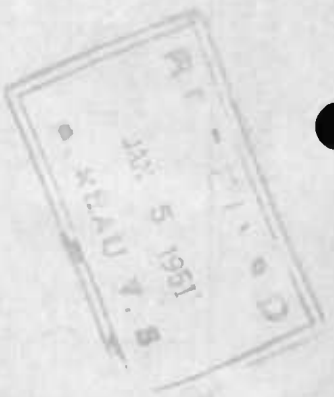
DATE REC'D BY LOCAL REG. 1/5/51 REGISTRAR'S SIGNATURE [illegible signature]

24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown Md

VS. A15

(M) (I)

100635


JAN 5 1951
KEAU T. H.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0383

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: enryton — LENGTH OF STAY (in this place): 20days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17

STREET ADDRESS (If rural, give location): 1420 Argyle Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	LOUISE	TAYLOR	Jan.,	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Seperated	Aug., 17,1920	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	aid	Westminster, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel James Toop	Grace Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO.	Lost	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Oct.,1950
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 9, 1951, to Jan., 30, 1951, that I last saw the deceased alive on Jan., 30, 1951, and that death occurred at 10:A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sam	M.D.	enryton, Maryland	1/30/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 2/195[illegible]	Elmwood Cemetery	Westminster R.D. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/30/51	Albert R. Swankhart	J. E. Myers, Jr.	Westminster Md.

Deputy Local

720826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0384

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead — LENGTH OF STAY (in this place): 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Rock
STREET ADDRESS (If rural, give location): Glen Rock R.F.D #1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Walker

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower — 8. DATE OF BIRTH: July 21, 1880 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Furniture Co — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Walker — 14. MOTHER'S MAIDEN NAME: Aletha B. Sipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: 161-20-0108 — 17. INFORMANT AND ADDRESS: Mrs. Robert Utz, Hampstead

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis. — ?

422.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Artio Sclerotic Cardio Vascular Lesion.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 8:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph E Buch M.D. — Hampstead Md — Jan. 6, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/9/51 — NAME OF CEMETERY OR CREMATORY: St. Paul E.U.B. Cemetery — LOCATION (City, town, or county) (State): Millers, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: January 6, 1951 — REGISTRAR'S SIGNATURE: John Hughes, Jr. — 24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein New Freedom, Pa.

970 309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0385

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 100 E. Green St.

3. NAME OF DECEASED (Type or Print): (First) Gertude (Middle) GARNET (Last) Wilson

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 11. 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Columbus, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Appler

14. MOTHER'S MAIDEN NAME: Liza Jane Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. John H. Hagerman, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis decompensating — INTERVAL BETWEEN ONSET AND DEATH: Probably 2 Yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) chronic nephritis - glomerulo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-50, 19..., to 1-26-, 1951, that I last saw the deceased alive on 1-26-, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James D Saffell M.D. Westminster, Md 1-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 29/51 — NAME OF CEMETERY OR CREMATORY: Bridge — LOCATION (City, town, or county) (State): Cemetery Rural, Westminster Md.

DATE REC'D BY LOCAL REG. 1/27/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: J. S. Myers Jr. Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


JAN 29 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0386

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (in this place) 4 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherritt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Bradford (Middle) Arnaldo (Last) Winters

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 30 1871

9. AGE: Last birthday 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: General Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Austin E. Winters

14. MOTHER'S MAIDEN NAME: Julia Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lennon W. Winters Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Oedema — Interval Between Onset and Death: 5 d

443x

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Congestive Heart failure — 2 ?

(c) Hyp. Blood Pressure — 8 ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION: X

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): X

PLACE (Home, farm, factory, street, office bldg., etc.): X (CITY OR TOWN) X (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): X m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 12-29, 1950, to 1-11, 1954, that I last saw the deceased alive on 1-11, 1954, and that death occurred at 11 p.m., from the causes and on the date stated above.

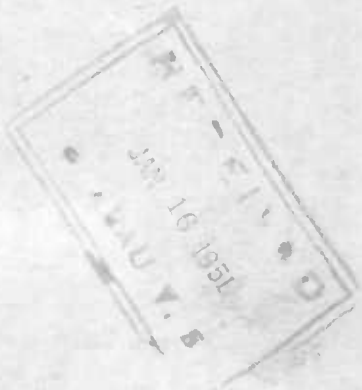
SIGNATURE: W. C. Stone (Degree or title) MD — ADDRESS: Westminster — DATE SIGNED: 1-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 13 1954 — NAME OF CEMETERY OR CREMATORY: Wramelburg Lutheran Cem. — LOCATION (City, town, or county) Wramelburg — (State)

DATE REC'D BY LOCAL REG. 1/13/54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. Bowman & Son Reisterstown — ADDRESS

970246 Md



MARYLAND STATE DEPARTMENT OF HEALTH

0387

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster R.D. 6 — LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowbrook Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 7

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Myrtle (Last) Zahn

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1957

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 3 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick Harver

14. MOTHER'S MAIDEN NAME Fannie Dayhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Le-Roy John Westminster R.D. 7 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart block — minutes

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Partial Heart block - — 8 years

(c) Arteriosclerotic C-V disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to Jan 19, 1957, that I last saw the deceased alive on Jan 16, 1957, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James F. Harold M. D. Westminster Md 1/19/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 1-22-1957 — NAME OF CEMETERY OR CREMATORY Ridgely Lutheran Cem. — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 1/20/57 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR N B Bankard & Son — ADDRESS Westminster Md.